
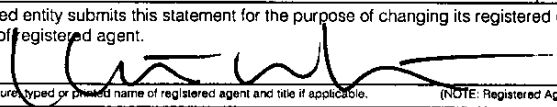
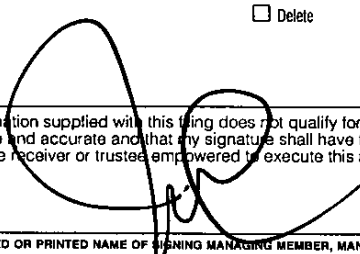


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90031 019 ****50.00

DOCUMENT # L03000025178					
1. Entity Name EL PRADO COURT, LLC					
Principal Place of Business 2101 WEST PLATT STREET, SUITE 200 TAMPA, FL 33606			Mailing Address 2101 WEST PLATT STREET, SUITE 200 TAMPA, FL 33606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04252005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2379490				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLS, FREDERICK J 1200 W. PLATT STREET, SUITE 100 TAMPA, FL 33606			Keith W Koehler Koehler & Company, P.A. 502 North Armenia Avenue Tampa, FL 33609		
Name			Name		
Street			Street		
City			City		
Zip			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4/25/05					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIST PROPERTIES, LLC 2101 WEST PLATT STREET, SUITE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIST DEVELOPERS, LLC 2101 WEST PLATT STREET, SUITE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHACONAS, GEORGE P.O. BOX 22556 TAMPA, FL 33622	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, FREDERICK K 1200 WEST PLATT STREET, SUITE 100 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, FREDERICK K 1200 WEST PLATT STREET, SUITE 100 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, FREDERICK K 1200 WEST PLATT STREET, SUITE 100 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, FREDERICK K 1200 WEST PLATT STREET, SUITE 100 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, FREDERICK K 1200 WEST PLATT STREET, SUITE 100 TAMPA, FL 33606	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 4/26/05 Daytime Phone # (813) 258-5478					

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